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Atty. Dkt. No. 053466-0409

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Osamu OKUDA et al.
Title: METHODS FOR TREATING INTERLEUKIN-6
RELATED DISEASES
Appl. No.: 10/554,407
Filing Date: 10/24/2005
Examiner: Prema Maria Mertz
Art Unit: 1646
Confirmation Number: 4578

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

| | Claims As Amended | | Previously Paid For | | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 53 | - | 80 | = | 0 | x | \$50.00 | = | \$0.00 |
| Independent Claims: | 10 | - | 15 | = | 0 | x | \$200.00 | = | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | | | + | \$360.00 | = | \$0.00 |
| CLAIMS FEE TOTAL | | | | | | | | | = \$0.00 |

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[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|--|------------|-------------------|
| [] Extension for response filed within the first month: | \$120.00 | \$0.00 |
| [] Extension for response filed within the second month: | \$450.00 | \$0.00 |
| [X] Extension for response filed within the third month: | \$1,020.00 | \$1,020.00 |
| [] Extension for response filed within the fourth month: | \$1,590.00 | \$0.00 |
| [] Extension for response filed within the fifth month: | \$2,160.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$1,020.00 |
| [] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$130.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | \$1,020.00 |
| [] Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| Extension Fees Previously Paid: | | \$0.00 |
| TOTAL FEE: | | \$1,020.00 |

A credit card payment form in the amount of \$1,020.00 is enclosed.

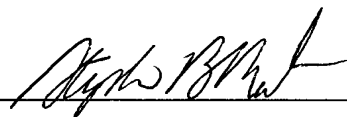
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 16, 2007

By _____



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Registration No. 35,264